

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/030694

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5		①		2		
6		①		2		
7		①	CANCELED			
8		①		2		
9		①		2		
10		①		2		
11	1		1			
12		①		3		
13		1	CANCELED			
14		1	CANCELED			
15				3		
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	22	↓		↓
TOTAL CLAIMS			24			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS